

Customer Feedback Card



Date of Visit

Time of Visit

Please complete this card to help us serve you better.

1. What was the purpose of your visit?

☐ Vehicle Registration ☐ Driver License ☐ Driving Test

☐ Other

2. Feedback is for a ☐ Compliment

(Name of Employee)

☐ Suggestion

☐ Concern/Problem

3. What did we do well during your visit?

4. What could we have done better?

5. Did you **telephone DMV** prior to coming in? ☐ Yes ☐ No

If you phoned, please answer the following:

- | | | |
|--|------------------------------|-----------------------------|
| a. Did you receive courteous service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were you satisfied with the information you received? ... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were you informed of the appointment option? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. If yes, did you make an appointment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Did you receive accurate information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. DMV field office visited (city and street)

Please print your name here (optional):

First Last

If you would like a response to any of your concerns, please print your address and phone number below:

Address

Driver License/ID Number

City

Zip Code

License Plate

Day Telephone Number

Area Code: ()

Evening Telephone Number

Area Code: ()

DMV ONLY

Send completed surveys to:
Office of the Director
Department of Motor Vehicles
P.O. Box 932328
Sacramento, CA 94299-9982

FAX: (916) 657-7977